JUROR QUESTIONNAIRE

Name:			_		
County of Residence:		_			
•	Urban area		Small town		
Marital Status:	Single Divorced		er		
		High School Post Graduate/Professional			
Present Employment:					
How long	:				
Preceding Employment:					
How long	;				
Have you ever held any p	oublic office?	Yes	No		
If yes, what office	e(s)?				
Do you belong to any clu	bs or organizations?	Yes	No		
If Yes, please list	:				
Do you subscribe to any	newspapers, magazines, or	periodicals (other than	publications) relate		
to your trade or o	ccupation?	Yes	No		
If Yes, please list:	:				
What are your Hobbies?					
Who lives with you at yo	ur residence? (No names n	ecessary. List by numb	per and relationship		
	children):				
	l or children, what is her/h				
•	, 	•			
If married, Spouse's Occi	upation:				
If divorced or spouse is d	leceased, what was their o	ecupation?			
	a jury in State or Federal				
If yes, when?					
	or criminal?				

FIELD(local juror #)

Do you have a close friend(s) or relative(s) who is: A	n attorney	Yes	8 No
Law enforcement offic	er?	_ Yes	No	
If yes, who?				
Do you have a relative(s) or close fi	riend(s) who	is employ	ed by the Unite	ed States?
	_ Yes	No		
If yes, who?				
If yes, for what unit of government do/d		-		
Have you or any member of your family				
complaining witness in a criminal	l prosecution	ı?	Yes	No
If yes, where?				
If yes, what was the crime?				
Have you or any member of your family or	close friend	ever been	the plaintiff or	defendant in any
type of civil litigation (e.g. pers	sonal injury	case, breac	ch of contract, e	etc.)?
	_ Yes	No		
If yes, when?				
If yes, what was/were the nature of the ca	ase(s)?			If
yes, was your involvement as a plaintif	ff or defenda	nt?		
Have you or any member of your family of	r close friend	d ever beer	arrested/prose	cuted/convicted
for a criminal offense	?	Yes	No	
If yes, who?				
If yes, what was the offense charged? _				
If yes, what was the outcome?				
Have you or any member of your famil	ly or close fr	iend ever l	een treated for	any type of
substance abuse or had any other	drug problen	n?	Yes	No
Do you have any vision or hearing problem	which could	d interfere	with your parti	cipation in a trial
as a juror?	Yes		No	
If yes, what?				
	Juror Sign	ature		

Juror number FIELD(local juror #)